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**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

Application Number	10/635,891	
	Filing Date	Aug. 05, 2003
	First Named Inventor	Diwakar R. Govindugari
	Art Unit	2129
	Examiner Name	Peter D. Coughlin
Attorney Docket Number		
Total Number of Pages in This Submission	95	

ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to a Technology Center (TC)
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input checked="" type="checkbox"/> Petition <i>to Revive</i>	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/Incomplete Application	Remarks	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	Deposited via Express Mail, mailing label No. EQ 616 294 119 US on July 31, 2006	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual	David O. McGovern, Applicant
Signature	<i>David O. McGovern</i>
Date	July 31, 2006

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date: <u>July 31, 2006</u>	
Typed or printed	David O. McGovern
Signature	<i>David O. McGovern</i>
Date	July 31, 2006

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Washington, DC 20231.

If you need assistance in completing the form, call 1-800-PTO-9199 (1-800-786-9199) and select option 2.



Re Application Of: Govindugari et al

Serial No. 10/635,891

Filed: Aug. 05, 2003

For: A Method and Architecture

Examiner: Peter D. Coughlan

Group Art Unit: 2129

Atty. Docket No: McG-003

Date: July 31, 2006

THE COMMISSIONER OF PATENTS AND TRADEMARKS

Washington, D.C. 20231

SIR: Transmitted herewith is a Petition to Revive and Response to Office Action for the above application.

X Small entity status for this application under 37 CFR §1.9 and 1.27 has been established by a verified statement previously submitted.

X A check for the required fee for the Petition to Revive is enclosed.

X Additional claims have been submitted and a check for the required fee is enclosed.

X Extension of time as necessary is requested and a check for the required fee is enclosed.

X The Commissioner is herewith requested to notify Applicant of any charge, payment of any necessary fees, or credit any overpayment, associated with this communication for any related purpose, preferably by email at email address mcgoveran@AlternativeTech.com and alternatively at the address below, including: (A DUPLICATE COPY OF THIS SHEET IS ENCLOSED)

X Any additional filing fees required for presentation of extra claims

X Any additional extension or petition fees.

Respectfully Submitted:

David McGoveran

David O. McGoveran

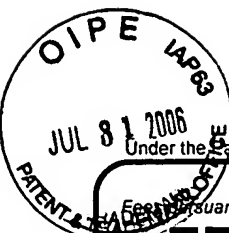
POB 2097

Boulder Creek, CA 95006

Tel: (831) 338-4621

Fax: (831) 338-3113

McGoveran@AlternativeTech.com



Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL
For FY 2006☒ Applicant claims small entity status. See 37 CFR 1.27TOTAL AMOUNT OF PAYMENT (\$)2080.00**Complete if Known**

Application Number	10/635,891
Filing Date	Aug. 05, 2003
First Named Inventor	DIWAKAR R. GOVINDUGARI
Examiner Name	Peter D. Coughlin
Art Unit	2129
Attorney Docket No.	

METHOD OF PAYMENT (check all that apply)☒ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____☐ Deposit Account Deposit Account Number: _____ Deposit Account Name: _____

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below☐ Charge fee(s) indicated below, except for the filing fee☐ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17☐ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES**Fee Description**

Each claim over 20 (including Reissues)

Fee (\$)

Small Entity Fee (\$)

50

25

Each independent claim over 3 (including Reissues)

200

100

Multiple dependent claims

360

180

Total Claims

41

Extra Claims

Fee (\$)

Fee Paid (\$)

51 - 20 or HP =

10

x 25.00 =

250.00

Multiple Dependent Claims

Fee (\$)

Fee Paid (\$)

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims**Extra Claims**

Fee (\$)

Fee Paid (\$)

- 3 or HP =

x

=

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets**Extra Sheets**

Number of each additional 50 or fraction thereof

Fee (\$)

Fee Paid (\$)

- 100 =

/ 50 =

(round up to a whole number) x

=

=

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Fees Paid (\$)

Other (e.g., late filing surcharge): Petition to Revoke, Petition for Extension of Time \$1830.00**SUBMITTED BY**

Signature	<u>David O. McGovern</u>	Registration No. (Attorney/Agent)	Telephone <u>(831) 338-4621</u>
Name (Print/Type)	<u>DAVID O. MCGOVERAN, APPLICANT</u>		Date <u>July 31, 2006</u>

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.



EXPRESS MAIL CERTIFICATE

"Express Mail" mailing label No: EQ 616294119 US

Date of Deposit: July 31, 2006


I hereby certify that the following documents:

- applicant's cover letter
 - a transmittal cover
 - Petition to Revive (with required statement)
 - Petition for Extension of Time
 - Change of Correspondence
 - a fee transmittal
 - payments (separate checks for extension, claims, and Petition to Revive)
 - a copy of this Express Mail Certificate
 - response to Office Action of November 7, 2005
 - amended claims (Claim Listing)
- and
- a Receipt Postcard with itemization of what was received by the US PTO

are being deposited in a single envelope with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 C.F.R. 1.10 on the date indicated above and such envelope is addressed to:

**Attention: Office of Petitions
Mail Stop Petition
Commissioner for Patents
P.O.Box 1450
Alexandria, VA 22313-1450.**

David O. McGoveran, Applicant


(Signature of person mailing documents)